PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

DISTRICTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further of indicated unless corrected maintenance fee notifications.	correspondence including d below or directed oth ions.	g the Patent, advance or erwise in Block 1, by (a	rders and notification of many specifying a new corresponding to the cor	aintenance fees woondence address;	vill be i and/or	nailed to the current (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26302 BROOKHAVE BROOKHAVEN BLDG. 475D - 1		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
UPTON, NY 11973							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/822,370	04/12/2004		John Shanklin			BSA 04-11	2864
TITLE OF INVENTION: MUTANT FATTY ACID DESATURASE AND METHODS FOR DIRECTED MUTAGENESIS							
2			,				·
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE '
nonprovisional	YES	\$720	\$300	\$0		\$1020	01/14/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
· SAIDHA, TEKCHAND		1652	536-023200	•			
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	of a single firm (having as a member a comey or agent) and the names of up to natent attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Brookhaven Science Associates, LLC Upton, New York 11973, USA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) (1) Issue Fee Publication Fee (N) Advance Order - 1	To small entity discount	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-3977 (enclose an extra copy of this form). 					
 Change in Entity Sta a. Applicant claim 	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United St	uired) will not be accepte ates Patent and Trademar	ed from anyone other than t k Office.	he applicant; a reg	istered	attorney or agent; or tr	ne assignee or other party in
Authorized Signature	J Q	Date 11/2 7/07— Registration No. 44,949					
Typed or printed nam		_					d bas the LICDTO to mass
	d application form to the ions for reducing this by Virginia 22313-1450. D						d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.